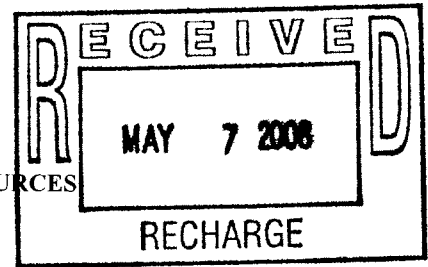


ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8585 Fax (602) 771-8689



APPLICATION FOR A RECOVERY
WELL PERMIT (§ 45-834.01)

APPLICATION FEE OF \$ 50.00 PER WELL FOR
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS
NOTICE AND PUBLICATION FEES TO BE DETERMINED,
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY	
Application No.:	74-553424.0008
Date Received:	5-7-08

- Name of Applicant: City of Avondale Water Resources
Mailing Address: 399 E Lower Buckeye #100 Avondale, AZ 85323
City State Zip
Contact Person: Robin Stinnett Telephone: 623-333-4449 Fax: 623-333-0440
- Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located: Phoenix AMA, West Salt River Valley Subbasin
- Name of the owner(s) of the land where wellsites are located: City of Avondale
Mailing Address: 11465 W. Civic Center Dr. Avondale, AZ 85323
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).
- Legal description of the land where water will be used: 2, 1W, 1W & 1, 1N, 1W
(quarter/quarter/quarter/section, township and range)
- The recovered water will be used for: municipal

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-565257
73-569775
73-569776
73-584466
73-588558

or long-term storage account number. 70-41135

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
City of Avondale	55-807953	NE, SW, NE, 2, W, NW	600	332	12	968	3/22/04

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), City of Avondale, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

623-333-4400
Telephone

[Signature]
Signature of owner or authorized agent

Water Resource Planning Manager
Title

399 E Lower Buckeye #100 Avondale, AZ 85323
Mailing Address City State Zip

STATE OF ARIZONA

County of Maricopa)

)
) ss.

Subscribed and sworn to before me this 29th day of April, 2008.

[Signature]
Notary Public

Aug. 24, 2011
My commission expires:

